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APPLICANTS

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** CONTINUING DATA *Tn* *****This application is a CON of 09/244,135 02/04/1999 PAT 6,341,338 *yes*** FOREIGN APPLICATIONS *Tn* ******Name*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Shawn</i> Examiner's Signature	<i>Tn</i> Initials	CO	5	18	7

ADDRESS

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TITLE

Protocol for coordinating the distribution of shared memory

FILING FEE RECEIVED 1076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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